

B1 (Official Form 1)(1/08)

United States Bankruptcy Court Northern District of Indiana		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): East Chicago Community Health Center, Inc.		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) 35-1987489		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): 1313 W. Chicago Avenue East Chicago, IN <div style="text-align: right;">ZIP Code 46312</div>		Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right;">ZIP Code</div>
County of Residence or of the Principal Place of Business: Lake		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): P.O. Box 59 East Chicago, IN <div style="text-align: right;">ZIP Code 46312</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above): 1313 W. Chicago Avenue East Chicago, IN 46312		
Type of Debtor (Form of Organization) (Check one box) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box) <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input checked="" type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000 </div>		
Estimated Assets <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion </div>		
Estimated Liabilities <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion </div>		

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): East Chicago Community Health Center, Inc.	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: - None -	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: - None -	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b). X _____ Signature of Attorney for Debtor(s) (Date)	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) <div style="margin-left: 40px;"> _____ (Name of landlord that obtained judgment) </div> <div style="margin-left: 40px;"> _____ (Address of landlord) </div>			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

East Chicago Community Health Center, Inc.

Signatures**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Debtor

X

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of Attorney*

X

Signature of Attorney for Debtor(s)

Gordon E. Gouveia, Esq. 7235-45

Printed Name of Attorney for Debtor(s)

Gordon E. Gouveia, LLC

Firm Name

433 W. 84th Drive
Merrillville, IN 46410

Address

219/736-6020

Telephone Number

January 12, 2010

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Gilda Orange

Printed Name of Authorized Individual

Chairperson

Title of Authorized Individual

January 12, 2010

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

B4 (Official Form 4) (12/07)

United States Bankruptcy Court
Northern District of Indiana

In re East Chicago Community Health Center, Inc.

Debtor(s)

Case No.

Chapter 11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Casmir Enterprises 6422 Forest Avenue Hammond, IN 46324	Casmir Enterprises 6422 Forest Avenue Hammond, IN 46324	Business debt.	Disputed	1,298,000.00
Centier Bank 600 East 84th Avenue Merrillville, IN 46410	Centier Bank 600 East 84th Avenue Merrillville, IN 46410	Certificate of Deposit given by Ricardo L. and Catherine Perez Certificate #55030168	Contingent Disputed	55,914.49 (0.00 secured)
Citicorp Vendor Finance, Inc. P.O. Box 728 Park Ridge, NJ 07656	Citicorp Vendor Finance, Inc. P.O. Box 728 Park Ridge, NJ 07656	3 Toshiba Estudio 350 copiers with printscan, finisher, fax, 1 ricoh 3245 copier with fax, print scan finisher	Disputed	58,712.43 (0.00 secured)
City of East Chicago Attn: Building Dept 4444 Railroad Ave East Chicago, IN 46312	City of East Chicago Attn: Building Dept 4444 Railroad Ave East Chicago, IN 46312	Business debt. telephone lines	Disputed	68,820.79
Geminus Corporation 8400 Louisiana Street Merrillville, IN 46410	Geminus Corporation 8400 Louisiana Street Merrillville, IN 46410	Business debt.	Disputed	188,911.25
Healthy East Chicago, Inc. 100 W. Chicago Avenue East Chicago, IN 46312	Healthy East Chicago, Inc. 100 W. Chicago Avenue East Chicago, IN 46312	Business debt.	Disputed	301,708.86
Hoepfner Wagner & Evans 100 E. 80th Place Merrillville, IN 46410	Hoepfner Wagner & Evans 100 E. 80th Place Merrillville, IN 46410	Business debt.	Disputed	79,482.62
Information & Records Associates, Inc. PO BOX 4578 South Bend, IN 46634	Information & Records Associates, Inc. PO BOX 4578 South Bend, IN 46634	Business debt.	Disputed	83,524.68
Laboratory Corporation of America P.O. Box 2240 Burlington, NC 27216-2240	Laboratory Corporation of America P.O. Box 2240 Burlington, NC 27216-2240	Business debt.	Disputed	108,058.21

B4 (Official Form 4) (12/07) - Cont.

In re East Chicago Community Health Center, Inc.

Case No. _____

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Lincoln National Life 1300 South Clinton Street Fort Wayne, IN 46802	Lincoln National Life 1300 South Clinton Street Fort Wayne, IN 46802	Business debt.	Disputed	117,011.54
Medical Systems, Inc. 83 Pine Avenue Street Peabody, MA 01960	MSI 83 Pine Avenue Street Peabody, MA 01960	business debt	Disputed	65,734.74
Midamerica P.O. Box 581 East Chicago, IN 46312	Midamerica P.O. Box 581 East Chicago, IN 46312	Business debt.	Disputed	91,000.00
Ophelia Steen Family & Health Services 5927 Columbia Avenue Hammond, IN 46320	Ophelia Steen Family & Health Services 5927 Columbia Avenue Hammond, IN 46320	Business debt.	Disputed	201,489.00
Ricard L. Perez and Lilia Rosa Castro 13901 Laque Drive Cedar Lake, IN 46303	Ricard L. Perez and Lilia Rosa Castro 13901 Laque Drive Cedar Lake, IN 46303	Repayment for CD	Contingent Disputed	55,961.11
Ricardo L. and Catherine Perez 13901 Laque Drive Cedar Lake, IN 46303	Ricardo L. and Catherine Perez 13901 Laque Drive Cedar Lake, IN 46303	Repayment for CD	Contingent Disputed	54,961.81
St. Catherine Hospital 4321 Fir Street East Chicago, IN 46312	St. Catherine Hospital 4321 Fir Street East Chicago, IN 46312	Business debt.	Disputed	57,088.77
St. Catherine Hospital Physician Service Attn: Dr. Hu and Medina c/o St. Catherine Hospital 4321 Fir Street East Chicago, IN 46312	St. Catherine Hospital Physician Service Attn: Dr. Hu and Medina c/o St. Catherine Hospital East Chicago, IN 46312	Business debt.	Disputed	75,500.00
Stonebridge Business Solutions, LLC P.O. Box 4578 South Bend, IN 46634	Stonebridge Business Solutions, LLC P.O. Box 4578 South Bend, IN 46634	Business debt.	Disputed	63,750.00
The Methodist Hospital Northlake Campus 600 Grant Street Gary, IN 46402	The Methodist Hospital Northlake Campus 600 Grant Street Gary, IN 46402	Business debt.	Disputed	134,665.50
Town & Country Leasing, LLC P.O. Box 329 East Petersburg, PA 17520	Town & Country Leasing, LLC P.O. Box 329 East Petersburg, PA 17520	16 Base Exam Table, 16 Top Upholstery Kits, 1 Base exam table, 1 top, 17 stools, 17 in-room systems, 1 exam light, 1 mayo instr stand, 17 wastebaskets	Disputed	70,739.00 (0.00 secured)

B4 (Official Form 4) (12/07) - Cont.

In re East Chicago Community Health Center, Inc.
Debtor(s)

Case No. _____

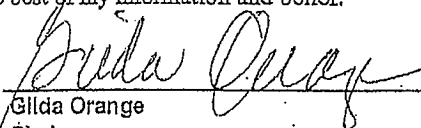
LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

**DECLARATION UNDER PENALTY OF PERJURY
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the Chairperson of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date January 12, 2010

Signature


Gilda Orange
Chairperson

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court
Northern District of Indiana

In re East Chicago Community Health Center, Inc.
 Debtor

Case No. _____

Chapter 11

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	1,400,000.00		
B - Personal Property	Yes	4	912,673.35		
C - Property Claimed as Exempt	No	0			
D - Creditors Holding Secured Claims	Yes	4		1,759,709.02	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	24		3,366,915.23	
G - Executory Contracts and Unexpired Leases	Yes	3			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	No	0			N/A
J - Current Expenditures of Individual Debtor(s)	No	0			N/A
Total Number of Sheets of ALL Schedules		38			
Total Assets			2,312,673.35		
Total Liabilities				5,126,624.25	

United States Bankruptcy Court
Northern District of Indiana

In re East Chicago Community Health Center, Inc.
 Debtor

Case No. _____

Chapter 11

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

State the following:

Average Income (from Schedule I, Line 16)	
Average Expenses (from Schedule J, Line 18)	
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

B6A (Official Form 6A) (12/07)

In re East Chicago Community Health Center, Inc.

Case No. _____

Debtor

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
1313 W. Chicago Avenue, East Chicago, IN 46410	N/A	-	1,400,000.00	1,006,527.60

Sub-Total > **1,400,000.00** (Total of this page)

Total > **1,400,000.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

B6B (Official Form 6B) (12/07)

In re **East Chicago Community Health Center, Inc.**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Harris Bank - Business Checking	-	0.00
		Centier AccountsNo. 11170834	-	241,435.35
3. Security deposits with public utilities, telephone companies, landlords, and others.		NIPSCO - utility deposit	-	2,000.00
4. Household goods and furnishings, including audio, video, and computer equipment.	X			
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Westfield Insurance Company Commerical Package Policy	-	0.00
		United Healthcare Employee benefits	-	0.00
		Lincoln Insurance Employee Benefits	-	0.00

Sub-Total > **243,435.35**
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re East Chicago Community Health Center, Inc.

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
		Guardian Insurance Employee Benefits Dental, Vision, Life Insurance	-	0.00
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.		Summary of Medicare claims, insurance claims and Aging Reports See Exhibit "A"	-	638,406.00
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			

Sub-Total > **638,406.00**
(Total of this page)

Sheet 1 of 3 continuation sheets attached
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **East Chicago Community Health Center, Inc.**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.		CLIA Certificate of Waiver Location: 1313 W. Chicago Avenue, East Chicago IN	-	0.00
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	X			
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.		Beckman Chemistry Analyzer	-	8,000.00
		miscellaneous office furniture, software, medical equipment	-	22,832.00
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.		miscellaneous medical and office supplies Location: 1313 W. Chicago Avenue, East Chicago IN	-	Unknown
31. Animals.	X			

Sub-Total > **30,832.00**
(Total of this page)

Sheet 2 of 3 continuation sheets attached
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re East Chicago Community Health Center, Inc.

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > 0.00
 (Total of this page)
 Total > 912,673.35

Sheet 3 of 3 continuation sheets attached
 to the Schedule of Personal Property

(Report also on Summary of Schedules)

B6D (Official Form 6D) (12/07)

In re East Chicago Community Health Center, Inc.

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D , W I F E , J O I N T , O R C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. 28032407			2006					
AEL Financial, LLC 600 N. Buffalo Grove Road Buffalo Grove, IL 60089		-	Lease agreement computer equipment					
			Value \$ 50,000.00				11,133.78	0.00
Account No. 001-4064900-001			2006					
AT&T Capital Services, Inc. 2000 W. AT&T Center Drive Hoffman Estates, IL 60192-5000		-	Lease agreement MICS Telephone System			X		
			Value \$ 0.00				20,769.60	0.00
Account No. 4945			2006					
Baytree Leasing Company, LLC P.O. Box 94125 Palatine, IL 60094-4125		-	Lease agreement Exam Room Equipment			X		
			Value \$ 0.00				17,061.91	17,061.91
Account No. 47725			3/2009					
Centier Bank 600 East 84th Avenue Merrillville, IN 46410	X	-	Loan Certificate of Deposit given by Ricardo L. and Catherine Perez Certificate #55030168	X		X		
			Value \$ 0.00				55,914.49	55,914.49
Subtotal (Total of this page)							104,879.78	72,976.40

3 continuation sheets attached

B6D (Official Form 6D) (12/07) - Cont.

In re East Chicago Community Health Center, Inc.

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C C O D E D E B I T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN					
Account No. 47720			3/2009					
Centier Bank 600 East 84th Avenue Merrillville, IN 46410	X	-	Loan Certificate of Deposit given by Ricardo L. and Catherine Perez Certificate #55030168	X		X		
			Value \$ 0.00				54,954.18	54,954.18
Account No. 90104167			10/2005					
Centier Bank 600 East 84th Avenue Merrillville, IN 46410		-	Security Agreement and Promissory Note 1313 W. Chicago Avenue, East Chicago, IN 46410					
			Value \$ 1,400,000.00				1,006,527.60	0.00
Account No. 55300			3/2009					
Centier Bank 600 East 84th Avenue Merrillville, IN 46410		-	Security Agreement and Promissory Note Real estate mortgage dated 10-26-2005 in the amount of \$1,083,750.00 on accounts receivable, etc.					
			Value \$ 0.00				100,000.00	100,000.00
Account No. 43795			3/2009					
Centier Bank 600 East 84th Avenue Merrillville, IN 46410		-	Line of Credit Secured by Accounts Receivable dated 10-26-2005 in the amount of \$1,083,750.00					
			Value \$ 0.00				149,743.09	149,743.09
Account No.			Copiers					
CIT 21146 Network Place Chicago, IL 60673		-				X		
			Value \$ 0.00				44,064.35	0.00
Subtotal (Total of this page)							1,355,289.22	304,697.27

Sheet 1 of 3 continuation sheets attached to
Schedule of Creditors Holding Secured Claims

B6D (Official Form 6D) (12/07) - Cont.

In re **East Chicago Community Health Center, Inc.**

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			2005					
Citicorp Vendor Finance, Inc. 700 east Gate Drive Mount Laurel, NJ 08054			UCC Beckman Chemistry Analyzer			X		
			Value \$ 8,000.00				10,364.41	2,364.41
Account No. 200174466			2006					
Citicorp Vendor Finance, Inc. P.O. Box 728 Park Ridge, NJ 07656			Lease agreement/Judgment 3 Toshiba Estudio 350 copiers with printscan, finisher, fax, 1 ricoh 3245 copier with fax, print scan finisher			X		
			Value \$ 0.00				58,712.43	58,712.43
Account No.			Copiers					
GE Capital P.O. Box 642111 Pittsburgh, PA 15264-2111						X		
			Value \$ 0.00				5,042.15	5,042.15
Account No.			Copiers					
GE Capital (2) P.O. Box 642111 Pittsburgh, PA 15264-2111						X		
			Value \$ 0.00				9,673.42	9,673.42
Account No. 602989/1229595			2006					
Key Equipment Finance 600 Travis Street, Ste. 1300 Houston, TX 77002			Lease agreement 26 Dell Pentium 4 Desktop, 1 Cisco, 6 Cisco Airnet, 25 Microsoft Windows Server, 8 Centifax information solutions, 2 Adtran, 1 netgear prosafe			X		
			Value \$ 0.00				39,293.00	39,293.00
Subtotal (Total of this page)							123,085.41	115,085.41

Sheet 2 of 3 continuation sheets attached to
Schedule of Creditors Holding Secured Claims

B6D (Official Form 6D) (12/07) - Cont.

In re **East Chicago Community Health Center, Inc.**

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
			DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN					
Account No. 37676			2006					
Key Government Finance, Inc. 100 South McCaslin Blvd Superior, CO 80027			Lease agreement Networking Equipment			X		
			Value \$ 0.00				16,593.05	16,593.05
Account No.			Business debt.					
Morgan Birge & Associates, Inc. 119 West Hubbard Street Chicago, IL 60610						X		
			Value \$ 0.00				31,812.65	31,812.65
Account No. 3394872			2006					
Pitney Bowes 1 Elmcroft Road Stamford, CT 06926-0700			Lease agreement Postage Machines					
			Value \$ 0.00				474.70	474.70
Account No. 4126			2006					
Town & Country Leasing, LLC P.O. Box 329 East Petersburg, PA 17520			Lease agreement/Judgment 16 Base Exam Table, 16 Top Upholstery Kits, 1 Base exam table, 1 top, 17 stools, 17 in-room systems, 1 exam light, 1 mayo instr stand, 17 wastebaskets, 1 system diagnostic intergrated system, 2 monitors, 1 wheelchair desk			X		
			Value \$ 0.00				70,739.00	70,739.00
Account No. 743807			2006					
US Bancorp P.O. Box 580337 Minneapolis, MN 55458			Lease agreement Dental Equipment			X		
			Value \$ 0.00				56,835.21	0.00

Sheet **3** of **3** continuation sheets attached to
Schedule of Creditors Holding Secured ClaimsSubtotal
(Total of this page)**176,454.61****119,619.40**Total
(Report on Summary of Schedules)**1,759,709.02****612,378.48**

B6E (Official Form 6E) (12/07)

In re East Chicago Community Health Center, Inc.

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (12/07) - Cont.

In re East Chicago Community Health Center, Inc.

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			FOR NOTICE PURPOSES ONLY					
Indiana Department of Revenue 100 N. Senate Room N203 Indianapolis, IN 46204-2217	-						0.00	0.00
Account No.			FOR NOTICE PURPOSES ONLY					
Internal Revenue Service 230 South Dearborn Street Room 2560, 5014 CHI Chicago, IL 60604	-						0.00	0.00
Account No.								
Account No.								
Account No.								
Account No.								
Subtotal							0.00	0.00
(Total of this page)							0.00	0.00
Total							0.00	0.00
(Report on Summary of Schedules)							0.00	0.00

Sheet 1 of 1 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority ClaimsSubtotal
(Total of this page)Total
(Report on Summary of Schedules)

B6F (Official Form 6F) (12/07)

In re East Chicago Community Health Center, inc.

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
Account No. Accudent Dental Laboratories, Inc. 1930 - 177th Street Lansing, IL 60438		-	Business debt.			X	2,393.11
Account No. ADP, Inc. P.O. Box 78415 Phoenix, AZ 85062-8415		-	Business debt.			X	2,395.25
Account No. All Star Recruiting 2003 West Cypress Creek blvd. Fort Lauderdale, FL 33309		-	Business debt.			X	8,480.00
Account No. American Medical Oxygen Sales P.O.Box 767-5908 Hammond, IN 46325		-	Business debt.				1.75
Subtotal (Total of this page)							13,270.11

23 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **East Chicago Community Health Center, Inc.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. American Savings, FSB Lending Center 1001 Main Street Dyer, IN 46311		2009 Business debt.	X		X	33,561.00	
Account No. AT&T P.O. Box 8100 Aurora, IL 60507		Business debt. Various Accounts	X		X	3,748.31	
Account No. AT&T Global Services, Inc. P.O. Box 8102 Aurora, IL 60507		Business debt.				712.46	
Account No. AT&T Internet Services P.O. Box 5016 Carol Stream, IL 60197		Business debt.				459.72	
Account No. AT&T Long Distance P.O. Box 5017 Carol Stream, IL 60197		Business debt.				170.91	
Sheet no. <u>1</u> of <u>23</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) 38,652.40

B6F (Official Form 6F) (12/07) - Cont.

In re East Chicago Community Health Center, Inc.

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Business debt.				
Audio Digest Foundation 1577 E. Chevy Chase Drive Glendale, CA 91206-9953	-					399.89
Account No.		Business debt.				
Basic Business Products 5213 Hohman Avenue Hammond, IN 46320	-					505.88
Account No.		Business debt.				
Baudville 5380 52nd Street SE Grand Rapids, MI 49512	-					144.60
Account No.		For Notice Purposes Only				
Baytree Leasing Company, LLC 100 Tri-State International, Ste. 275 Lincolnshire, IL 60069	-				X	3,582.78
Account No.		Instruments				
Beckman Coulter, Inc. DEPT.CH10164 Palatine, IL 60055-0164	-				X	13,829.00
Sheet no. <u>2</u> of <u>23</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						18,462.15

B6F (Official Form 6F) (12/07) - Cont.

In re East Chicago Community Health Center, Inc.

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.		Business debt.				
Bergen Brunswig Medical Corporation 21978 Network Place Chicago, IL 60673	-					173.85
Account No.		Business debt.				
Bioscrip Pharmacy 10050 Crosstown Circle Eden Prairie, MN 55344	-				X	2,790.30
Account No.		Business debt.				
Bioscrip Pharmacy Services 14847 Collections Center Drive Chicago, IL 60693	-					363.80
Account No.		Business debt.				
Bradley & Associates, Inc. 201 S. Capitol Avenue, Ste. 910 Indianapolis, IN 46225	-					428.92
Account No.		Business debt.				
Brandy's Safe & Lock, Inc. 7300 Broadway Merrillville, IN 46410	-					72.22
Subtotal (Total of this page)						3,829.09

Sheet no. 3 of 23 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **East Chicago Community Health Center, Inc.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Brian C. Englehardt PNC Bank PO Box 8874 U4-USSC-01-9 Camp Hill, PA 17011		-	FOR NOTICE PURPOSES ONLY Attorney for Town & Country				0.00
Account No. Business & Legal Reports 141 Mill Rock Road East Old Saybrook, CT 06475		-	Business debt.				79.95
Account No. Cal Region Supply, Inc. P.O. Box 802 East Chicago, IN 46312		-	Business debt.				404.89
Account No. Casmir Enterprises 6422 Forest Avenue Hammond, IN 46324		-	Business debt.			X	1,298,000.00
Account No. Cenifax Network Solutions 24 E US Highway 30 Schererville, IN 46375		-	Business debt.				493.90
Sheet no. <u>4</u> of <u>23</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) 1,298,978.74

B6F (Official Form 6F) (12/07) - Cont.

In re East Chicago Community Health Center, Inc.

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B I T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Central Newspaper P.O. Box 6197 Chicago, IL 60680-6197	-	Business debt.				214.95
Account No.						
Christopher E. Baker Hostetler & Kowalik, P.C. 101 West Ohio Street, Ste. 2100 Indianapolis, IN 46204	-	FOR NOTICE PURPOSES ONLY Attorney for Citicorp Vendor Financing				0.00
Account No.						
Cintas Corporation P.O. Box 88 Hammond, IN 46320	-	Business debt.				483.59
Account No.						
Cintas Document Management 2600 South 25th Avenue Broadview, IL 60155	-	Business debt.				552.78
Account No. 200022726						
Citicorp Vendor Finance, Inc. 700 East Galo Drive Mount Laurel, NJ 08054	-	Judgement			X	14,975.29
Subtotal (Total of this page)						16,226.61

Sheet no. 5 of 23 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re East Chicago Community Health Center, Inc.

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
Account No.			Business debt. telephone lines				68,820.79
City of East Chicago Attn: Building Dept 4444 Railroad Ave East Chicago, IN 46312		-				X	
Account No.			Business debt.				217.01
CJ Printing 9445 Indianapolis Blvd. Highland, IN 46322		-					
Account No.			Business debt.				1,994.75
Colter, Inc. c/o William M. Jonelis 9337 Calumet Avenue Suite D Munster, IN 46321		-				X	
Account No.			Business debt.				44.62
Comcast Cable P.O. Box 3002 Southeastern, PA 19398-3002		-					
Account No.			Business debt.				837.28
Cooper Surgical 95 Corporate Drive Trumbull, CT 06611		-					
Sheet no. <u>6</u> of <u>23</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							71,914.45

B6F (Official Form 6F) (12/07) - Cont.

In re East Chicago Community Health Center, Inc.

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Crowe, Chizek & Company, LLP PO Box 145415 Cincinnati, OH 45250-9791			-	Business debt.			X	6,806.51
Account No. CuraScript Specialty Distribution P.O. Box 533307 Charlotte, NC 28290-3307			-	Business debt.				3.81
Account No. Dentrix Dental Systems, Inc. Dept CH 14200 Palatine, IL 60055-4200			-	Business debt.			X	2,515.00
Account No. Department of Water Works 400 E. Chicago Avenue East Chicago, IN 46312			-	Business debt.				46.59
Account No. Design Organization, Inc. 57 Franklin Street Valparaiso, IN 46383			-	Business debt.				640.00
Sheet no. <u>7</u> of <u>23</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			10,011.91	

B6F (Official Form 6F) (12/07) - Cont.

In re **East Chicago Community Health Center, Inc.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Edwards Medical Supply, Inc. Dept. 77-3432 Chicago, IL 60678-3432	-	Business debt.				860.11
Account No.						
Elizabeth J. Lucas 8700 Brodaway Merrillville, IN 46410	-	FOR NOTICE PURPOSES ONLY Attorney for Methodist Hospital				0.00
Account No.						
Eric C. Zickgraf, PHD, FACR 5322 Davis Street Skokie, IL 60077	-	Business debt.				300.00
Account No.						
Federal Express P.O. Box 1140 Memphis, TN 38101	-	Business debt.				146.83
Account No.						
Geminus Corporation 8400 Louisiana Street Merrillville, IN 46410	-	Business debt.			X	188,911.25
Subtotal (Total of this page)						190,218.19

Sheet no. 8 of 23 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re East Chicago Community Health Center, Inc.

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Gil Behling and Son, Inc. 7333 Calumet Avenue Hammond, IN 46324	-	Business debt.			X	19,107.00	
Account No. Glaxo, Smith & Kline P.O. Box 740415 Atlanta, GA 30374-0415	-	Business debt.			X	4,612.50	
Account No. Hall, Render, Killian, Heath & Lyman, PC 39778 Treasury Center Chicago, IL 60694	-	Business debt.				381.10	
Account No. Health Concepts, LLC PO Box 644006 Cincinnati, OH 45264-4006	-	Business debt.				452.52	
Account No. Health Financial Systems 8109 Laguna Blvd. Elk Grove, CA 95758	-	Business debt.				250.00	
Sheet no. <u>9</u> of <u>23</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)		24,803.12		

B6F (Official Form 6F) (12/07) - Cont.

In re **East Chicago Community Health Center, Inc.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
Account No.			Business debt.				
Healthcare Times 29 E. Madison Avenue, Ste. 806 Chicago, IL 60602		-					46.73
Account No.			Business debt.				
Healthy East Chicago, Inc. 100 W. Chicago Avenue East Chicago, IN 46312		-				X	301,708.86
Account No.			Business debt.				
Hoepfner Wagner & Evans 100 E. 80th Place Merrillville, IN 46410		-				X	79,482.62
Account No.			Business debt.				
HR Employment Law P.O. Box 9070 Mc Lean, VA 22102		-					97.00
Account No.			Business debt.				
IDville 5376 52nd Street SE Grand Rapids, MI 49512		-					92.00
Subtotal (Total of this page)							381,427.21

Sheet no. 10 of 23 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re East Chicago Community Health Center, Inc.

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. IM Diagnostics P.O. Box 459 Saline, MI 48176		Business debt. -					180.85
Account No. Imagetec, L.P. 4509 Prime Parkway Mchenry, IL 60050		Business debt. -					1,757.89
Account No. Indiana Integrated Services, Inc. 72112 N. Shadeland Avenue Indianapolis, IN 46250		Business debt. -				X	32,575.00
Account No. Indiana Paging Network 6745 W. Johnson Road La Porte, IN 46350		Business debt. -					346.90
Account No. Indiana Primary Health Care Association Attn: Debbie Meers 1006 E. Washington, Ste. 1 Indianapolis, IN 46202		Business debt. -				X	5,000.00
Sheet no. <u>11</u> of <u>23</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) 39,860.64

B6F (Official Form 6F) (12/07) - Cont.

In re **East Chicago Community Health Center, Inc.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
Account No.			Business debt.				
Information & Records Associates, Inc. PO BOX 4578 South Bend, IN 46634	-					X	83,524.68
Account No.			Business debt.				
Ingenex P.O. Box 27116 Salt Lake City, UT 84127-0116	-						440.71
Account No.			Business debt.				
Integrated Health Plan 4020 Park Street Saint Petersburg, FL 33709-4030	-						1,800.00
Account No.			Business debt.				
Ivans, Inc. P.O. Box 850001 Orlando, FL 32885-0033	-						898.45
Account No.			Business debt.				
Laboratory Corporation of America P.O. Box 2240 Burlington, NC 27216-2240	-					X	108,058.21
Subtotal (Total of this page)							194,722.05

Sheet no. 12 of 23 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re East Chicago Community Health Center, Inc.

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			Surrendered Leased Vehicle				
LAI Trust 6600 LBJ FWY, Ste. 185 Dallas, TX 75240		-				X	1,209.87
Account No.			Business debt.				
Leasing Associates PO Box 974236 Dallas, TX 75397-4236		-				X	1,739.04
Account No.			Business debt.				
Lewis & Kappes, P.C. One American Square, Ste. 2500 Indianapolis, IN 46282		-				X	4,979.06
Account No.			Business debt.				
Lincoln National Life 1300 South Clinton Street Fort Wayne, IN 46802		-				X	117,011.54
Account No.			FOR NOTICE PURPOSES ONLY Attorney for Community Center Development Corporation				
Marissa McDermott 9013 Indianapolis Blvd. Highland, IN 46322		-					0.00
Subtotal (Total of this page)							124,939.51

Sheet no. 13 of 23 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **East Chicago Community Health Center, Inc.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
McShane's Business Products 1844 45th Street Munster, IN 46321	-	Business debt.				54.99
Account No.						
Medical Arts Press P.O. Box 37647 Philadelphia, PA 19101-0647	-	Business debt.				574.62
Account No.						
Medical Education Resources 1500 West Canal Court Littleton, CO 80120-5165	-	Business debt.				693.00
Account No.						
Medical Systems, Inc. 83 Pine Avenue Street Peabody, MA 01960	-	business debt			X	65,734.74
Account No.						
Methodist Hospital Physician Services 8777 Broadway Merrillville, IN 46410	-	Business debt.				1,200.00
Subtotal (Total of this page)						68,257.35

Sheet no. 14 of 23 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re East Chicago Community Health Center, Inc.

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		2009				
Michigan Primary Care Association 7215 Westshire Drive Lansing, MI 48917	-	Business debt.			X	4,240.00
Account No.		Business debt.				
Midamerica P.O. Box 581 East Chicago, IN 46312	-				X	91,000.00
Account No.		Business debt.				
Midway Dental Supply 701 N. Michigan Street Lakeville, IN 46536	-				X	2,147.65
Account No.		Business debt.				
NACHC 7200 Wisconsin Avenue Bethesda, MD 20814	-					561.00
Account No.		Business debt.				
Natus Medical, Inc. Dept. 33768 San Francisco, CA 94139	-					342.16
Subtotal (Total of this page)						98,290.81

Sheet no. 15 of 23 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **East Chicago Community Health Center, Inc.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		2006 Business debt.				
Nightingale Healthnet Corp. 10670 White Rock Road Rancho Cordova, CA 95670	-				X	38,533.73
Account No.		Business debt.				
Northwest Microsystems 631 Ohagan Drive Crown Point, IN 46307	-				X	6,000.00
Account No.		2009 Business debt.				
NWI Pathology Consult 9201 Calumet Avenue Munster, IN 46321	-					385.00
Account No.		Business debt.				
Olde City Financial, Inc. P.O. Box 800 Wayne, PA 19087	-					130.00
Account No.		Business debt.				
Ophelia Steen Family & Health Services 5927 Columbia Avenue Hammond, IN 46320	-				X	201,489.00
Subtotal (Total of this page)						246,537.73

Sheet no. 16 of 23 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re East Chicago Community Health Center, Inc.

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.		Business debt.				
Patterson Dental 23254 Network Place Chicago, IL 60673-1232	-					808.80
Account No.		Business debt.				
PC Connection 730 Milford Road Merrimack, NH 03054-4631	-				X	2,171.59
Account No.		Business debt.				
Physician Dictation Assistance, Inc. P.O. Box 102 Dyer, IN 46311	-					641.43
Account No.		Business debt.				
Physician Referral Network 530 E. Corporate Drive Lewisville, TX 75057	-				X	6,000.00
Account No.		Business debt.				
Physicians' Desk Reference 5 Paragon Drive Montvale, NJ 07645	-					324.75
Subtotal (Total of this page)						9,946.57

Sheet no. 17 of 23 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re East Chicago Community Health Center, Inc.

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Pitney Bowes Postage P.O. Box 856056 Louisville, KY 40285	-	Business debt.				315.00
Account No.						
Premier Dental Group 7891 Broadway, Ste. C Merrillville, IN 46410	-	Business debt.				479.00
Account No.						
Professional Interpreters for the Deaf 7329 Marshall Merrillville, IN 46410	-	Business debt.				137.50
Account No.						
Purdue University Calumet 2200 169th Street Hammond, IN 46323-2094	-	Business debt.				804.65
Account No.						
Quest Diagnostics P.O. Box 12989 Chicago, IL 60693	-	Business debt.			X	4,362.67
Subtotal (Total of this page)						6,098.82

Sheet no. 18 of 23 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re East Chicago Community Health Center, Inc.

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			3/2009 Repayment for CD				
Ricard L. Perez and Lilia Rosa Castro 13901 Laque Drive Cedar Lake, IN 46303	-			X		X	55,961.11
Account No.			3/2009 Repayment for CD				
Ricardo L. and Catherine Perez 13901 Laque Drive Cedar Lake, IN 46303	-			X		X	54,961.81
Account No.			Business debt.				
Rocio Rodriguez Guzman 6811 Wicker Avenue Hammond, IN 46323	-					X	6,925.00
Account No.			Business debt.				
Rossi Construction, Inc. 351 E. 81st Avenue, #198 Merrillville, IN 46410	-						438.26
Account No.			Business debt.				
RX Strategies 1900 Glades Road Boca Raton, FL 33431	-					X	47,099.91
Subtotal (Total of this page)							165,386.09

Sheet no. 19 of 23 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re East Chicago Community Health Center, Inc.

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. S.T.M. Enterprises, LLC 9565 N. Industrial Drive Saint John, IN 46373		Business debt. -			X	3,130.00
Account No. Scholastic, Inc. P.O. Box 3720 Jefferson City, MO 65102-3720		Business debt. -			X	1,239.85
Account No. Specialty Products 1 Prospect Street Amsterdam, NY 12010		Business debt. -				242.00
Account No. St. Catherine Hospital 4321 Fir Street East Chicago, IN 46312		Business debt. -			X	57,088.77
Account No. St. Catherine Hospital Lab 4321 Fir Street East Chicago, IN 46312		Business debt. -			X	3,234.12
Sheet no. <u>20</u> of <u>23</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 64,934.74

B6F (Official Form 6F) (12/07) - Cont.

In re **East Chicago Community Health Center, Inc.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. St. Catherine Hospital Physician Service Attn: Dr. Hu and Medina c/o St. Catherine Hospital 4321 Fir Street East Chicago, IN 46312		Business debt.			X	75,500.00	
Account No. Stericycle, Inc. 28161 N. Keith Drive Lake Forest, IL 60045		Business debt.			X	3,870.42	
Account No. Stonebridge Business Solutions, LLC P.O. Box 4578 South Bend, IN 46634		Business debt.			X	63,750.00	
Account No. The Center, Inc. P.O. Box 1296 Calumet City, IL 60409		Business debt.			X	1,249.00	
Account No. The Methodist Hospital Northlake Campus 600 Grant Street Gary, IN 46402		Business debt.			X	134,665.50	
Sheet no. <u>21</u> of <u>23</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)		279,034.92		

B6F (Official Form 6F) (12/07) - Cont.

In re East Chicago Community Health Center, Inc.

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Business debt.				
The Nonprofit Quarterly 112 Water Street Boston, MA 02109	-					49.00
Account No.		Business debt.				
The Times P.O. Box 644014 Cincinnati, OH 45264-4014	-					328.88
Account No.		Business debt.				
The Trophy House 5048 Madison Avenue Indianapolis, IN 46227	-					22.47
Account No.		FOR NOTICE PURPOSES ONLY Attorney for Healthy East Chicago				
Troy R. Barron Burke Costanza & Cuppy LLP 9191 Broadway Merrillville, IN 46410	-					0.00
Account No.		FOR NOTICE PURPOSES ONLY Attorney for Morgan Birge & Assoc				
William M. Jonelis 9337 Calumet Ave. Suite D Munster, IN 46321	-					0.00
Subtotal (Total of this page)						400.35

Sheet no. 22 of 23 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re East Chicago Community Health Center, Inc.

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B I T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H. W. J. C.				
Account No.						
Worker Training Fund P.O. Box 6285 Indianapolis, IN 46206		-				573.69
Account No.						
Account No.						
Account No.						
Account No.						

Sheet no. 23 of 23 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page)

573.69

Total
(Report on Summary of Schedules)

3,366,777.25

B6G (Official Form 6G) (12/07)

In re East Chicago Community Health Center, Inc.

Case No. _____

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.
State whether lease is for nonresidential real property.
State contract number of any government contract.

AEL Financial, LLC
P.O. Box 88046
Milwaukee, WI 53288-0046

Lease #28032407
Server/Computer equipment
Debtor-Lessee

American Express
600 Travis, Ste. 1300
Houston, TX 77002

3 Toshiba 350 w/rad/fax board/finisher
Debtor-Lessee

AT&T Global Services, Inc.
2000 W. AT&T Center Drive
Hoffman Estates, IL 60192-5000

MICS Telephone Systems, Private Networking
Option Key Code, 7.0 Software, Digital Trunk
Interface, Shadow for Windows, Voice Messaging,
T7100 Phone Sets, T7316a Phone Sets, T24 Key
Indicator Module - All Attachments, Accessories,
Related Peripherals, Installation and Shipping
Debtor-Lessee

Baytree Leasing Company, LLC
100 Tri-State International, Ste. 275
Lincolnshire, IL 60069

Lease #4945
Leased Equipment and Current IT Supplier
Debtor-Lessee

Beckman Coulter, Inc.
DEPT.CH10164
Palatine, IL 60055-0164

Synchron CX5 Delta
Debtor-Lessee

Cardinal Health Medical Products and Ser
P.O. Box 70539
Chicago, IL 60673

Leased Medical Equipment
Debtor-Lessee

Charles R. Gardner
21 West Goethe, 14F
Chicago, IL 60610

Contract Finance Department Services
Debtor-Contract Employment

Chicago Office Technology Group
4 Territorial Court, Ste. S
Bolingbrook, IL 60440

Leased Office Equipment
Debtor-Lessee

CIT Technology Financing Services
21146 Network Place
Chicago, IL 60673-1211

Lease for 3 Toshiba copiers & 1 Ricoh Scan
Debtor-Lessee

Citi Capital
PSS-Chicago
1450 N. McLean Blvd.
Elgin, IL 60123

Lease #200174466
Toshiba Copier with Print and scan
Debtor-Lessee

In re East Chicago Community Health Center, Inc.

Case No. _____

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

(Continuation Sheet)

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
Citicorp Vendor Finance, Inc. 700 East Gate Drive Mount Laurel, NJ 08054	Lease #200113797 Cell Dyn 1800 Debtor-Lessee
Clifford Portis 7539 Ventura Court Myrtle Beach, SC 29572	Governmental/Governance Consultant Debtor: Contract Consulting
Community Center Development Corporation Ophelia Steen Family & Health Services 5927 Columbia Avenue Hammond, IN 46320	Lease Agreement of portion of premises at 5927 Columbia Ave., Hammond IN Debtor as Lessee
Crest Capital 8601 Dunwoody Place P.O. Box 88233 Atlanta, GA 30356	Lease #743807 Leased Dental Equipment Debtor-Lessee
Distinctive Business Products 5328 W. 123rd Place Alsip, IL 60803	Maintenance Contract Debtor-Lessee
GE Capital P.O. Box 642111 Pittsburgh, PA 15264-2111	2 Toshiba Fax & Copiers Debtor-Lessee
GE Capital Commercial 500 West Monroe Chicago, IL 60661	Judgement Laboratory Equipment Debtor-Lessee
Health Concepts, LLC 100 Tower Drive, Ste. 211 Burr Ridge, IL 60521	Lease #78362 Oasis U3, Innwave UVFU3/ water cooler Debtor-Lessee
Imagetec, L.P. 4509 Prime Parkway Mchenry, IL 60050	Bizhub 350, Bizhub 350, Bizhub 420 and Accessories Debtor-Lessee
Key Equipment Finance P.O. Box 74713 Cleveland, OH 44194-0796	Lease #602989/1222302 Dentrix Enterprise Software Debtor-Lessee
Key Equipment Finance 600 Travis Street, Ste. 1300 Houston, TX 77002	Lease #602989/1230068 26 Dell Pentium 4 Desktop, 1 Cisco, 6 Cisco Airnet, 25 Microsoft Windows Server, 8 Centifax information solutions, 2 Adtran, 1 netgear prosafe Debtor-Lessee
Key Equipment Finance 11030 Circle Point Road 2nd floor Broomfield, CO 80020	Lease #602989/1229595 Computer and video equipment Debtor-Lessee

In re East Chicago Community Health Center, Inc.

Case No. _____

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

(Continuation Sheet)

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
Key Equipment Finance, Inc. P.O. Box 1187 Englewood, CO 80150-1187	Installation of Hardware Debtor-Lessee
Key Government Finance, Inc. 100 South McCaslin Blvd Superior, CO 80027	Lease #37676 Lease Computer Equipment Debtor-Lessee
NEVAEH Healthcare Revenue Management 8708 Prospect Avenue, Ste. D13 Philadelphia, PA 19118	Interim Chief Executive Officer Management Support and Facility Management Assistance Debtor-Contract Employment
Pitney Bowes 1 Elmcroft Road Stamford, CT 06926-0700	Lease #3394872 Mid-Range Mailing Machine Automatic Fee, Mailing Machine Trip Tape Feeder Debtor-Lessee
Ricardo Hood, M.D. 1313 W. Chicago Avenue East Chicago, IN 46312	Employment Agreement Debtor- Employer
St. Catherine Hospital Attn: Chief Executive Officer 4321 Fir Street East Chicago, IN 46312	Employee Lease Agreement Debtor - Lessee (Corporation)
Town & Country Leasing, LLC P.O. Box 329 East Petersburg, PA 17520	Lease #4126 Office Equipment Debtor-Lessee
US Bancorp-Manifest Funding Services P.O. Box 790448 Saint Louis, MO 63179-0448	Dental Equipment Debtor-Lessee
Vincent Lee, O.D., M.B.A. Healthcare Consulting Services 141 Warren Avenue Quincy, MA 02170	Governmental Fiscal Consultant Debtor: Contract Consulting

B6H (Official Form 6H) (12/07)

In re East Chicago Community Health Center, Inc.

Case No. _____

Debtor

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Ricardo L. and Catherine Perez 13901 Laque Dr. Cedar Lake, IN 46303	Centier Bank 600 East 84th Avenue Merrillville, IN 46410
Ricardo L. Perez and Lilia Rosa Castro 13901 Laque Dr. Cedar Lake, IN 46303	Centier Bank 600 East 84th Avenue Merrillville, IN 46410

B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court
Northern District of Indiana

In re East Chicago Community Health Center, Inc.

Debtor(s)

Case No.

Chapter

11

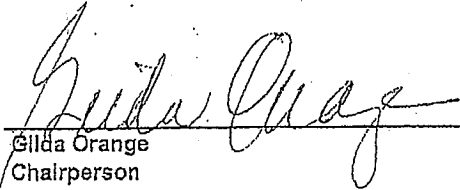
DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the Chairperson of the corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 41 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date January 12, 2010

Signature


Gilda Orange
Chairperson

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
Northern District of Indiana**

In re East Chicago Community Health Center, Inc.

Debtor(s)

Case No.

Chapter

11

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$217,494.00	2007 End of Year Net Assets or Fund Balances
\$-724,627.00	2008 End of Year Net Assets or Fund Balances
\$-1,153,154.00	2009 Year to Date Net Assets or Fund Balances

2. Income other than from employment or operation of business

None



State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

3. Payments to creditors

None



Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF CREDITORDATES OF
PAYMENTS

AMOUNT PAID

AMOUNT STILL
OWING

None



b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF
PAYMENTS/
TRANSFERSAMOUNT
PAID OR
VALUE OF
TRANSFERSAMOUNT STILL
OWING

See Exhibit "B"

\$0.00

\$0.00

None



c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND
RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL
OWING

See Exhibit "C"

\$0.00

\$0.00

4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT
AND CASE NUMBER
CitiCorp Vendor Finance,
Inc. f/k/a Copelco Capital,
Inc. vs. East Chicago
Community Health Center,
Inc.
Case No.
45C010801CC00029

NATURE OF PROCEEDING
Civil

COURT OR AGENCY
AND LOCATION
Lake County Superior Court
2293 North Main Street
Crown Point, IN 46307

STATUS OR
DISPOSITION
Judgment

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Healthy East Chicago v. East Chicago Community Health Center Case No. 45D05-0612-PL-183	Civil	Lake County Superior Court 232 Russell Street Hammond, IN 46320	Pending
Morgan Birge & Assoc., v. East Chicago Community Health Care Center Case No. 45D01-0805-PL-50	Civil	Lake County Superior Court 232 Russell Street Hammond, IN 46320	Pending
Town and Country Leasing,, LLC vs East Chicago Community Health Care Center Case No. 008-CV-04595	Collection	US Northern District Court of Indiana 5400 Federal Plaza Hammond, IN 46320	Judgment
Methodist Hospitals, Inc. v East Chicago Community Health Care Center Case No. 45C01-0803-PL-38	Civil	Lake County Superior Court 2293 N. Main Street Crown Point, IN 46307	Pending
Baytree Leasing Company, LLC v. East Chicago Community Health Center, Inc. Cause No. 09-AR-2549	civil suit	Circuit Court of the 19th Judicial Circuit, Lake County 415 W. Washington Street Waukegan, IL	pending

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
LAI Trust 6600 Lbj Fwy, Ste. 185 Dallas, TX 75240		2006 Chevrolet Trailblazer \$11,065.00

6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

- None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
--------------------------------------	--	--------------

9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Gordon E. Gouveia, LLC 433 W. 84th Drive Merrillville, IN 46410	9-18-2009	5,000.00
Gordon E. Gouveia, LLC 433 W. 84th Drive Merrillville, IN 46410	10-9-2009	10,000.00
Gordon E. Gouveia, LLC 433 W. 84th Drive Merrillville, IN 46410	11-6-2009	35,000.00

10. Other transfers

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER
DEVICE

DATE(S) OF
TRANSFER(S)

AMOUNT OF MONEY OR DESCRIPTION AND
VALUE OF PROPERTY OR DEBTOR'S INTEREST
IN PROPERTY

11. Closed financial accounts

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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12. Safe deposit boxes

- None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
Harris Bank 2409 East 141st Street East Chicago, IN 46312	To be supplemented	To be supplemented	To be supplemented

13. Setoffs

- None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

- None ☒ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

- None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
100 West Chicago Ave., Suite 100A East Chicago, IN 46312	Debtor	05/08/1996 to 12/10/2009

16. Spouses and Former Spouses

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

None



b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

None



c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
---------------------------------------	---------------	-----------------------

18. Nature, location and name of business

None



a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
East Chicago Community Health Center, In	35-1987489	1313 W. Chicago Avenue East Chicago, IN 46312	Healthcare	May 8, 1996 to present

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

19. Books, records and financial statements

None ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
Rafael Mendez, CPA 6815 Kennedy Ave. Hammond, IN 46323	2007

None ☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
Crowe Horwath LLP	70 West Madison St., Suite 700 Chicago, IL 60602	2008
Bradley & Associates, Inc.	201 South Capital Ave., Suite 910 Indianapolis, IN 46225	2007

None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
Indiana State Department of Health	Contracts and Audit 2 North Meridian Street Indianapolis, IN 46204
Myers & Stauffer LC	9265 Counselors Row, Suite 200 Indianapolis, IN 46240-6419
National Government Services	6775 W. Washington St. Milwaukee, WI 53214-5644

None ☒ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

20. Inventories

- None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY
(Specify cost, market or other basis)

- None ☒ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY
RECORDS**21. Current Partners, Officers, Directors and Shareholders**

- None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE
OF STOCK OWNERSHIP

Patricia C. Aguirre
4860 Wegg Avenue
East Chicago, IN 46312

Director/NFP Member

Cora L. Branford
4856 Melville Avenue
East Chicago, IN 46312

Director/NFP Member

Hilda Dominguez
3918 Hemlock Street
East Chicago, IN 46312

Director/NFP Member

Andrea Flores
3487 Guthrie Street, #203
East Chicago, IN 46312

Director/NFP Member

Loreto Gonzalez
4370 Lane of the Roses
East Chicago, IN 46312

Director/NFP Member

Tommy Kimble
1076 Van Buren Street
Gary, IN 46402

Director/NFP Member

Janet Lugo
3923 Main Street
East Chicago, IN 46312

Director/NFP Member

Arthur Mulholland
11431 Ventura Drive
Saint John, IN 46373

Treasurer

Gilda Orange
3909 Evergreen Street
East Chicago, IN 46312

Chairperson/Director/NFP
Member

Cheryl Smith
6354 Forest Avenue
Hammond, IN 46324

Director/NFP Member

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
George Walker 823 S. Indiana Griffith, IN 46319	Director/NFP Member	
Jeannette Trent 4310 Franklin Street East Chicago, IN 46312	Vice Chairperson	
Vernard Whitfield 10410 Doubletree Drive South Crown Point, IN 46307	Secretary	
Joseph Winterhalter c/o St. Catherine Hospital 4321 Fir Street East Chicago, IN 46312	Director/NFP Member	

22. Former partners, officers, directors and shareholders

- None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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- None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
Ricard L. Perez 13901 Laque Drive Cedar Lake, IN 46303	CFO	June, 2009
Cornell Brantley 4420 Lane of the Roses East Chicago, IN 46312	CEO	August, 2009

23. Withdrawals from a partnership or distributions by a corporation

- None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Cornell Brantley 4420 Lane of the Roses East Chicago, IN 46312 Former CEO	See Exhibit "C"	
Ricard L. Perez 13901 Laque Drive Cedar Lake, IN 46303 Former CFO	See Exhibit "C"	

24. Tax Consolidation Group.

- None ☒ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
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25. Pension Funds.

None ☐ If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within six years immediately preceding the commencement of the case.

NAME OF PENSION FUND
Lincoln Financial Group

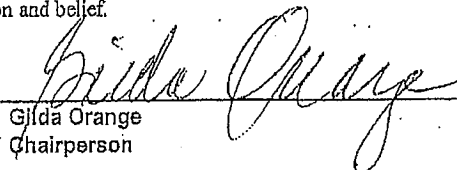
TAXPAYER IDENTIFICATION NUMBER (EIN)
35-0472300

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date January 12, 2010

Signature


Gilda Orange
Chairperson

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

**United States Bankruptcy Court
Northern District of Indiana**

In re East Chicago Community Health Center, Inc.

Debtor(s)

Case No.

Chapter

11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept _____	\$	<u>12,690.60</u>
Prior to the filing of this statement I have received _____ for pre-petition services	\$	<u>37,309.84</u>
Balance Due _____	\$	<u>N/A</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; Chapter 11 proceedings and administrative matters pursuant to Retainer Agreement dated September 24, 2009, attached hereto as Exhibit "D" and Application to Employ Attorneys.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding or contested matters.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: _____

1-12-10


Gordon E. Gouveia, Esq.
Gordon E. Gouveia, LLC
433 W. 84th Drive
Merrillville, IN 46410
219/736-6020

United States Bankruptcy Court
Northern District of Indiana

In re East Chicago Community Health Center, Inc.

Debtor

Case No. _____

Chapter 11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with Rule 1007(a)(3) for filing in this chapter 11 case.

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
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None

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the Chairperson of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date January 12, 2010

Signature _____

Gilda Orange
Chairperson

*Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C §§ 152 and 3571.*